

BULLETIN

of the
**MAHONING COUNTY
MEDICAL SOCIETY**

Volume LIV

SEPTEMBER, 1984

Number 6

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Nominees



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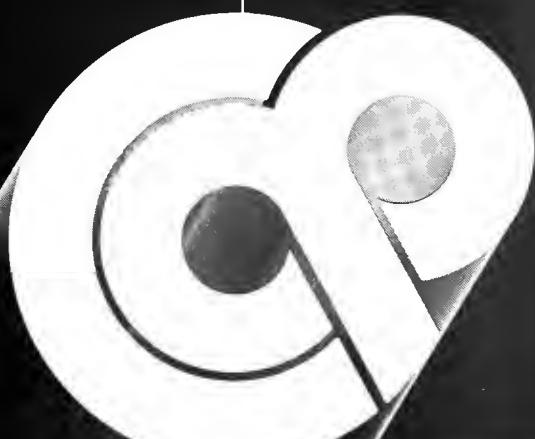
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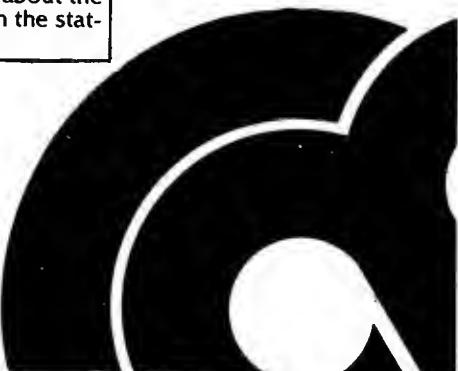
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1984 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1984

Tuesday
Jan. 17

Tuesday
Mar. 20

Tuesday
May 15

Tuesday
Sept. 18

Tuesday
Nov. 20

Tuesday
Dec. 18



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From the Desk of the President



ANOTHER GOVERNMENT STUDY

A study we will continue to hear about is the National Institute of Health-funded research project named the Coronary Artery Surgery Study (CASS), which first appeared in the November 1983 issue of the Journal of Circulation. J. Willis Hurst, M.D., FACP, of the Department of Medicine at Emory University College of Medicine in Atlanta, spent one and one half hours in a visiting professorship (which I attended) carefully analyzing the study.

The study was a cataloging of patients who had already undergone coronary arteriography and also had cardiac ejection fractions performed. From an original 16,000 patients, the study eventually included only 780-27% who had single-vessel disease which had a known good 5-year survival rate. By the end of five years, 20-25% of *these* patients also needed bypass surgery.

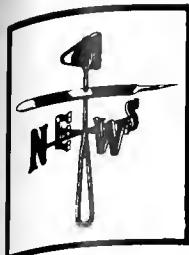
There is general confusion within the medical and lay communities relative to headlines, stories and lectures in which CASS researchers conclude that mild angina may not need bypass surgery. Obviously, if one takes the 780 least diseased patients out of 16,000 total coronary patients the prognosis should be better. There is also a confusion regarding mild angina because this can be present in the virulent forms of coronary arteriosclerosis. Stable versus unstable angina is a more useful indicator.

Dr. Hurst stated a good history of a male patient with retrosternal area pain produced by effort and relieved by rest has an actual predictive value for coronary arteriosclerosis of 90 to 95%. He would not trust a negative treadmill on such a patient and would proceed directly to arteriography and/or radionuclide scanning.

A similar patient with chest pain unrelated to efforts and with some unsureness of the pain location still has a predicted value of arteriosclerosis close to 70% and would benefit from treadmill studies, according to Dr. Hurst.

In summary, there is an indication this study is being used as another effort at cost cutting by misrepresentation. Remember the government-sponsored diabetes study?

Glenn J. Baumblatt, M.D.



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of the Mahoning County Medical Society

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The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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Editorial

MEDICARE CHANGE

The recently enacted Deficit Reduction Act of 1984 (P. L. 98-369) includes major changes in the Medicare program which will substantially change the patient-physician relationship and affect the care available to Medicare beneficiaries.

The physician fee freeze portion of the legislation is no surprise, and largely duplicates what has already been accomplished by the AMA endorsed voluntary physician fee freeze. The inducement-sanction portion of this act is unfortunate; it will result in little or no economic benefit, but may create adversarial relations as patients, physicians, and Medicare carriers learn to cope with the ever changing Medicare system.

The establishment of a clinical laboratory fee schedule arbitrarily set at 60% of prevailing fees, and the provision which disallows the billing of Medicare by anyone other than the entity actually performing the test will make the provision of laboratory service to Medicare patients more difficult. Fee schedules have not yet been published, but it is likely that, at least for certain tests, the payment level will be below the cost of performing the assay; consequently, Medicare patients may be denied necessary tests. The provision dictating who may bill Medicare for laboratory services will create more paperwork, inconvenience, confusion and expense for everyone.

The component of the act which reduces the allowable increase in DRG prices is of substantial concern. Hospitals have only barely begun to cope with this new system and are just beginning to prepare for the future projected on the previously mandated implementation procedure. It is unfortunate that in less than a year the law has been amended so that hospitals now are faced with smaller than expected rate increases. The consequences of this are obvious; not the least of which is the fact that the one quarter of 1% increase for new technology will severely limit the ability of hospitals to acquire the technology which has been integral to the ever improving quality of health care in the United States.

Finally, the rapidity with which profound changes in the government sponsored health care programs have occurred is especially disheartening.

(Next Page)

Before the patient and physician learn to cope with one new law, and before the net effects are known, another statute is enacted. We in health care realize that all segments of the economy, including Medicine, must adapt to the times, but we wonder why increasingly the patient-physician relationship is a target? There is always room to enhance and make more efficient, but why try to fix something which not only isn't broken, but functions very well?

Tom E. Campbell, M.D.
Guest Editor

HAPPY BIRTHDAY

Get your annual check-up • Is it time to renew your driver's license?



Sept. 16	Sept. 26	Oct. 7
M. Al-Salti	E. A. Massullo	J. H. Agnone
N. J. Garritano		
Sept. 17	Sept. 27	Oct. 8
J. Dentscheff	G. J. Baumblatt	T. R. Cubbison
	J. S. Saint-Julien	
Sept. 18	R. J. Scheetz	Oct. 10
J. A. Renner		G. A. Mihok
M. C. Galose	Sept. 29	D. S. Starr
	D. H. Levy	
Sept. 19	C. S. Ko	Oct. 11
D. Malta	P. W. Cosby	S. K. Bal
		H. S. Ellison
Sept. 20	Oct. 1	R. J. Solyn
H. S. Hwang	K. Iqbal	
Wm. Moskalik		
Sept. 21	Oct. 2	Oct. 12
R. G. Warnock	W. L. Crawford	B. I. Firestone
		A. Garcia
Sept. 22	Oct. 4	
T. E. Ragland	G. Delfs	Oct. 14
		G. R. Barton
Sept. 23	Oct. 5	D. A. Hoffman
M. Halmos	B. Katz	
P. R. Lakhani		

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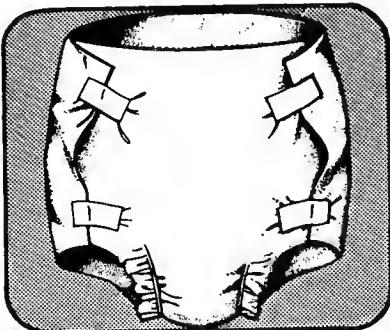
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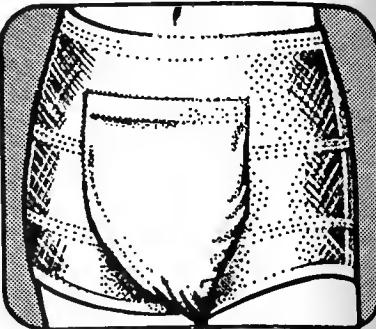
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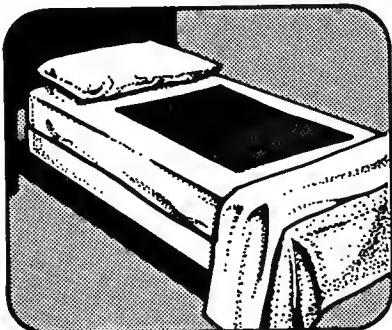
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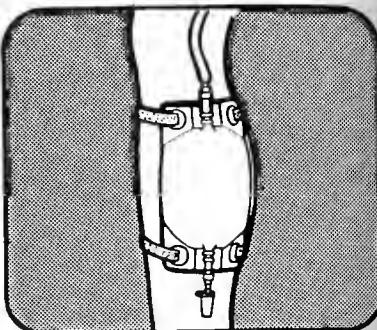
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SEPTEMBER

PROCEEDINGS OF COUNCIL

June 12, 1984

The regular meeting of the Council of the Mahoning County Medical Society was held Tuesday, June 12, 1984 at the Youngstown Club.

The meeting was called to order at 7:37 p.m. by Dr. Baumblatt. The minutes of the May 1984 meeting, having been read, were approved.

The treasurer's report included a bill list and a membership report that showed the names of 10 members who have not paid 1984 dues. A motion was made, seconded and passed to pay each bill on the bill list.

The following applications were presented for membership:

ACTIVE: Veeriah C. Perni, M.D.
John C. York II, M.D.

ASSOCIATE: Michael A. Frangopoulos, M.D.

The applications were approved. The applicants will become members of the Mahoning County Medical Society, in the voted category, 15 days after the printing of the names in the minutes of the June meeting that are mailed to all members, unless an objection is filed in writing with the executive director before that time.

Communications included:

Thank you from Tim Withers of Springfield Local High School for invitation and enrollment on Roster of Scholars.

OSMA notice of retirement plans of Hart Page, exec. director of OSMA. A motion was made, seconded and passed that OSMA give consideration to choosing Page's replacement from within the ranks of the staff of OSMA, with special consideration given to Herbert Gillen.

OSMA memorandum concerning Ohio Senate consideration of H.B. 358 that permits institutional hiring of physicians' assistants. Members were requested to contact either Senator Harry Meshel, 614 - 466-8285, 786 Fairgreen Ave. 44510 or Senator Thomas Carney, 216 - 545-1646, 935 N. Wood Ave., Girard 44420, and oppose the passage of H.B. 358 or its senate equivalent.

AMA memorandum concerning the government plan to establish the post of Under-Secretary of Health as a cabinet position.

A notice from the Ohio State Medical Board concerning the suspension of a physician's license to practice medicine.

A good report on the Ohio House of Delegates meeting held May 18-20 in Cincinnati was given by Dr. K. F. Wieneke, senior MCMS delegate. Dr. Wieneke called attention to several of the resolutions that were put before the house and noted that the Sixth District, of which MCMS is a part, is recognized by the other districts as a group that does its homework and has an impact at the House session.

Sixth District Counselor Dr. Anderson decried the fact that MCMS was not fully represented at Cincinnati. It was recommended that the importance of attending the session be impressed on alternate delegates in order that MCMS be fully represented at the caucuses and House sessions.

A motion was made, seconded and passed to revert the November meeting date back to November 20th because the executive meetings of both hospitals are set for Nov. 27.

The executive director presented a UCR informational pamphlet, with the recommendation that copies be offered to physician members for insertion with their billing or presentation to their patients. The Council agreed that a survey be made of the physicians to determine how many pamphlets will be needed and then an order be placed.

(Next Page)

A motion was made, seconded and passed to authorize the executive director to annually attend the Ohio State Medical Association Medical Executives meeting and the American Association of Medical Executives Conference with expenses paid.

A motion was made, seconded and passed to have the Society president attend the Leadership Conference in Chicago annually with expenses paid.

The Council was made aware of the new rates going into effect for physicians and medical assistants from Blue Cross/Blue Shield.

Announcements included:

Next meeting of the Society general membership is September 18 and will be an Old Fashioned Meeting at the Youngstown Maennerchor.

Robert B. Blake
Executive Director

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ITEMS

From the Exec's Desk

ROBERT B. BLAKE, Executive Director

Dr. Michael Vuksta has been named chairman of the Joint Advisory Committee on Sports Medicine. The committee serves the Ohio State Medical Association and the Ohio High School Athletic Association. Dr. Joseph Abrams is serving as a member of the committee.

* * * * *

Dr. David Levy received a couple of honors during the first half of the year. He was given the key to the city of Indianapolis when he attended the 50th anniversary of his class at the University of Indiana Medical School. He was also honored for 50 years in medicine at the Academy of Family Physicians meeting in Columbus, Ohio in August.

* * * * *

Dr. Richard Bernstein has been named to a four year term as a member of the Test Committee of the National Board of Medical Examiners. The board is a certification unit for medical students and physicians.

* * * * *

Dr. George H. Dietz has been elected president of the Ohio Valley Society of Plastic and Reconstructive Surgeons.

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Tom E. Campbell, M.D., *medical director*
Ludwig Deppisch, M.D., *associate medical director*

AUXILIARY FASHION SHOW AND RAFFLE IS SET

The Womans Auxiliary to the Mahoning County Medical Society will hold its fund-raiser Fashion Show at the Avalon Inn on Nov. 1, 1984 with the hope of raising several thousand for its charities. The ticket cost is \$20 per person and all proceeds will be divided among Hospice of Youngstown, Kidney Foundation of Mahoning, Trumbull and Columbiana Counties, the local chapter of Mothers Against Drunken Driving, and the local Children's Dreams organization.

As part of the fund-raising effort, a raffle is held and this year's raffle is unique in that it offers medical service prizes as well as merchandise prizes. To date, the auxiliary has to offer the following:

A hearing examination, Dr. Fun Cheng Lin; mammogram, Dr. Raymond Jackson; an echo-cardiogram, Dr. Robert Houston; stress test for two people, Dr. Stephen Barolsky; EKG test, Dr. Emil Dickstein; plastic surgery consultation, Dr. Y. T. Chiu; pulmonary function test, Dr. Rebecca Bailey-Newton; one free baby delivery to be used within 10 months of Nov. 1 (non-transferrable), Dr. Douglas Van Rees; full blood work screening, Dr. Lawrence Pass; pair of designer glasses, Drs. Cineilli, Pugh, Wang of Eye Care Inc.; one hour psychiatric consultation, Dr. Nefertiti Labib.

Other prizes being offered in the raffle are: exercise bike, Patient Care Center; \$250 Eastwood Mall Shopping Spree, The Cafaro Co.; weekend at Aurora, The DeBartolo Co.; \$25 gift certificate, Reyers Shoe Store; 3 days - two nights hotel accommodations in New York, Porter Travel Service; a piece of decorator glass, Gluck's Antiques; designer sweater, Clotherie Dress Shop; manicure and pedicure, Pierre's Beauty Salon; car lubrication, Paul's Amoco; an art object, Mrs. Tazim Jaffer; dog grooming (bath and trim), Mrs. Pat Hritz; beginner Chinese cooking classes, Mrs. Florence Wang; \$35 gift certificate, Darlene Tareshawty of The Final Cut; \$20 gift certificate, Renee Gallagher of The Final Cut; a special gift from The Mole Hole; a simple will, McLaughlin, McNally & Carlin; a special item from Frame Village.

According to Beth Bacani, program chairman, and Renee Bitonte, raffle chairman, additional prizes of medical services or merchandise will still be accepted up to the time of the event.

Anyone wishing to obtain tickets for the raffle or for the fashion show should contact the chairman or any member of the auxiliary.

EDWARD H. JONES, JR., M.D.

1914 - 1984

Dr. Edward H. Jones Jr., 69, died July 14, 1984 in Northside Hospital of a massive heart attack. He was retired from his practice of dermatology.

Dr. Jones was born in Youngstown, graduated from Rayen School and Western Reserve University. He received his medical degree at Washington University Medical School in St. Louis and took post-graduate work at John Hopkins Medical School. He interned at Union Memorial Hospital in Baltimore for a year and then entered the Navy in 1942. While in the Navy in the South Pacific, his ship was attacked by Kamikaze planes and he was severely burned.

Following discharge from the service, Dr. Jones had a three-year residency in dermatology at Cleveland City Hospital. He entered private practice in Youngstown in 1950.

He was certified by the American Board of Dermatology in 1952. He was a member of Mahoning County Medical Society, Ohio State Medical Association, American Medical Association, American Academy of Dermatologists and the American Dermatological Association. He was a member of First Presbyterian Church.

MY MEDICAL ASSISTANT

"What", I asked myself during a 30 second respite from an unusually hectic day at the office, "What on earth am I doing?"

I needed to get better organized! I needed some office help! Unfortunately, just at that point in time, my attention was suddenly distracted from this important problem by both phones ringing at the same time, somebody's grandchild falling off the office furniture into somebody else's lap, and the sight of two bare forearms waiting for a prothrombin time to be taken. No time to think now.

Some hours later, after the chaos had subsided to relative calm, I collected my residual grey matter and mused on this situation. "What I need . . . is a medical secretary. Not, not a secretary . . . a nurse. No, not a nurse . . . a medical nurse-secretary. No, a medical secretary-nurse. What would help me most, I decided in my ramblings, was a young lady of presentable appearance who knew what to say when the phone rang, the difference between Medicare and Blue Shield, how to type, how to take an EKG and/or blood work (probably simultaneously), and the difference between a strangulated hemorrhoid and a myocardial infarction. What a needed was a medical hybrid!

Ever since the days of Gregor Mendel, doctors and medical scientists have been fascinated with the concept of hybrids. Even these days, respectable scientists are stealing DNA out of one organism and depositing it in another, an awe inspiring idea. However, the type of medical hybrid I desperately needed was of less scientific excitement, but probably more relevant to my survival than a genetic hybrid. I refer, gentlemen of the jury, to my medical assistant.

Could a secretary call a patient and explain what emphysema is, how we treat it, how to take the medication, and what side effects to look for?

I doubt it.

Could an office nurse explain to the patient which number to write where on his Medicare form, and where to sign it for the desired effect?

Unlikely.

Could either one of these set up, operate, and supervise a pegboard system without any special training (with one hand) and take an EKG or blood sample (with the other hand)?

Impossible.

Yet this, pardon my enthusiasm, is what a medical assistant is trained to do. Hatched in the dim, dark, recesses of YSU, after a two year incubation period, medical assistants pop out of the nest as exuberant as fledgling chicks, and just as enthusiastic, armed with the essentials of modern medical life, they commonly descend on physicians and straighten out their office organization, bookkeeping, and insurance work according to their pre-arranged plans of what is right and decent. In essence, they are that part of a doctor's brain that God (or the medical school) forgot to put in - the business side. As a bonus, they are usually obliging, and get on well with patients!

HEADLINE: "MEDICAL ASSISTANT SAVES SURGEON'S SANITY."

Thank you, Sandy, my medical assistant!

David S. Starr, M.D.

NUTRITION RELATED CHRONIC DISORDERS

A panel of nationally-known speakers on nutrition and cancer, lipid research and cardiovascular disease, and osteo-metabolism and eating disorders, will be a part of the program Thursday, Oct. 4 sponsored by Northeastern Ohio Universities College of Medicine.

The meeting will be from 9 a.m. to 3:30 p.m. at the Quaker Hilton Hotel in Akron, Ohio. The program is approved for six hours of Category I CME credit. It is designed for physicians, dentists, nutritionists, nurses, pharmacists and other health professionals.

Additional information contact Jean Baird (216) 325-2511, extension 368 at NEOUCOM.

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DEFICIT REDUCTION ACT OF 1984

On July 18, 1984 President Reagan signed the Deficit Reduction Act of 1984 (P. L. 98-369). This law includes the Medicare Budget Reconciliation Amendments which will have a profound impact on all physicians. There are three major components to the Act:

1. A physician fee freeze.
2. Clinical laboratory testing fee schedule.
3. A reduction in previously allowed increases in DRG prices.

Effective July 1, 1984 Medicare fees are frozen for 15 months until October 1, 1985. July 1, 1983 prevailing fees and customary fees are frozen; there will be no July 1, 1984 update. The next update will take place October 1, 1985. Subsequent updates will take place on October 1, and will be based on the previous calendar year changes.

To provide an incentive to accept assignment, the law establishes the concept of "participating physician". Such a physician agrees to accept assignment for *ALL* services to *ALL* Medicare patients. These physicians can increase their actual billed charges during the freeze; however, these will not be paid by Medicare, but they will be used to update the physician's customary charge profile on October 1, 1985.

Non-participating physicians will also receive a customary charge update on October 1, 1985, but actual billed charges in excess of billed charges in the 3 month "base period" ending June 30, 1984 will not be recognized. Additionally, non-participating physicians will be monitored by HCFA and are subject to civil penalties and/or exclusion from Medicare if they increase their fees to Medicare patients during the freeze to levels in excess of the charges billed during the base period. The HHS Inspector General is responsible for enforcing the sanctions.

Important changes in clinical laboratory test fee schedules are also mandated. Effective July 1, fees for out-patient clinical laboratory services are established at 60% of prevailing fees for both independent laboratories and for physician office laboratories, and at 62% for hospital laboratories for work done on hospital out-patients.

Independent laboratories and hospitals must take assignment for all clinical laboratory services provided to Medicare patients. Physicians can continue to take assignment on a case-by-case basis. The laboratory actually performing the test must bill Medicare directly. Physicians can bill only if they perform or personally supervise the test. A grace period has recently been established, but after August 31, 1984 all Part B carriers have been instructed not to accept bills from physicians which include charges for laboratory services performed by an independent laboratory. A nominal collection fee will be paid by Medicare to physicians, independent laboratories, and hospital laboratories for venipuncture and/or catheterization for urine samples.

The recently enacted law which implemented the whole concept of DRG's allowed for prices to increase by the hospital "market basket" plus 1% for new technology. The just enacted Deficit Reduction Act decreases this allowance to the hospital "market basket" plus one quarter of 1% for fiscal years 1985 and 1986. This reduction combined with the required budget neutrality adjustment is expected to result in only a 2.45% increase in DRG price per case for fiscal year 1985. This means that hospitals are faced with smaller than expected rate increases. Consequently, there will be even greater pressure to control Part A in-patient operating expenses.

Tom E. Campbell, M.D.



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THE REPUTATIONS OF HONORABLE MEN

by Dr. John K. Layle Jr., Editor
Greater Kansas City Medical Bulletin

"My proposal then is to leave the liberty of the press untouched, to be exercised in its fullest extent, force and vigor; but to permit the liberty of the cudgel to go with it pari passu. Thus, my fellow-citizens, if an impudent writer attacks your reputation, dearer to you perhaps than your life, and puts his name to the charge, you may go to him as openly and break his head. If he conceals himself behind the printer and you can nevertheless discover who he is, you may in like manner waylay him in the night, attack him behind, and give him a good drubbing. Thus far goes my project as to private resentment and retribution. But if the public should ever happen to be affronted, as it ought to be, with the conduct of such writers, I would not advise proceeding immediately to these extremities but that we should in moderation content ourselves with tarring and feathering and tossing them in a blanket."

"If, however, it should be thought that this proposal of mine may disturb the public peace, I would then humbly recommend to our legislators to take up the consideration of both liberties, that of the press and that of the cudgel, and by an explicit law mark their extent and limits; and, at the same time that they secure the person of a citizen from assaults, they would likewise provide for the security of his reputation."

—Benjamin Franklin, 1789¹

Public discourse about health costs in America has been colored by explicit or implied assertions that much of the rise is a result of wrongdoing, of disreputable, irresponsible, exploitive, immoral or unethical behavior by physicians.

These assertions go far beyond the unquestionably correct and unchallenged observation that a few physicians are scoundrels and none is perfect. The attacks to which I refer indict "the profession" as a whole, as if villainy were a course in all medical colleges, passing marks in which were required for graduation.

McClure's Dictum

Health economist Walter McClure, for example, on national television said, according to my best recollection (as is usually the case my request for a written transcript was denied by the television station)—

"When a surgeon has a choice of whether to operate or not he will do what will make him the most money."

My personal experience doesn't confirm McClure's Dictum. On several occasions I have sent patients to surgeons believing that the patient had or might have adequate indication for surgery (a belief I shared with the patient) only to have the surgeon advise *against* an operation. In other words, I have personally seen surgeons who had a clear choice refuse to advise surgery at substantial financial loss to themselves, thereby simultaneously violating and refuting McClure's Dictum.

McClure's Dictum it seems to me is an example of a popular propaganda technique: *Making the exception appear to be the rule*. It is a variation of the "glittering generality" and, when used for the purpose of defamation, is called "tarring with a broad brush."

Many newsmen seem to relish such distortions of the truth, presumably because the results are shocking and therefore entertaining and saleable, and because the newsmen themselves are insulated from responsibility:

"We're in the same position as a plumber laying a pipe. We're not responsible for what goes through the pipe."

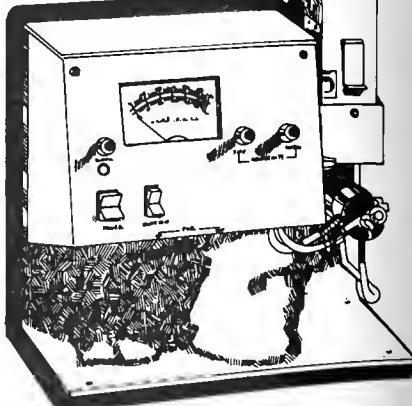
—David Sarnoff

(Continued Next Month)

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From the Bulletin

FIFTY YEARS AGO — SEPTEMBER 1934

There were eight meetings of the Society that September, instead of the usual one. That was the famous course of Physiology given by Carl Wiggers, professor of Physiology at Western Reserve. Every lecture was well attended and many of us can still remember the magic of Dr. Wiggers' personality which made the staid old subject come alive and glow with clarity and reason.

Al Parella of the Vindicator had a two-page cartoon showing the doctors going back to school. Among some of the well remembered faces were those of Lawrence Segal, Armin Elsaesser, R. D. Gibson, Harold Bard, H. E. McClenahan, Paul Kaufman, W. D. Coy, H. E. Blott, J. S. Lewis, Herman Kling and W. X. Taylor.

FORTY YEARS AGO — SEPTEMBER 1944

We had been involved in World War II nearly three years and the doctors at home were overworked and weary. Vacations were brief or non-existent with rationing of tires and gasoline and nobody to answer calls if they went away.

Bill Evans wrote from somewhere in the Pacific commanding the Society for its good work and urging the doctors to carry on until he could get back and raise a fuss. DeCicco was in New Guinea where he was Regimental Surgeon, pharmacist, and stenographer. He was celebrating (?) his second year in the service. Sam Goldberg was in England and seemed to be liking it.

Clyde Walter was heard from but couldn't say where he was. He sounded anxious to get home. Everybody in the service enjoyed receiving the *Bulletin*. Stan Myers was back in the states after 27 months in the Pacific. M. B. Goldstein was here for a short visit on his way to the West Coast. Harold Reese had been promoted and was stationed at Mobile, Alabama.

THIRTY YEARS AGO — SEPTEMBER 1954

The criteria for drunken driving according to Sidney Franklin were as follows: 2 oz. of whiskey or 2 bottles of beer produce 0.01% of blood alcohol with no apparent intoxication. 6 to 7 oz. of whiskey or 6 to 7 bottles of beer produce 0.9 to .21% blood alcohol impaired judgment, incoordination and slowing of response to stimuli. 0.18 to 0.30% blood alcohol produces symptoms of drunkenness and muscular incoordination. 0.27 to 0.39% cause stupor and 0.36 to 9.48% cause coma and possible death.

Donald Dockry completed his surgical residency and entered the practice of surgery with A. K. Phillips. Stewart G. Patton opened his office in Wickliffe for the practice of Orthopedic Surgery. Joseph Campolito opened his office at 3119 Market St. for the practice of Internal Medicine. A. William Geordan opened his office in the Home Savings and Loan Bldg. for the practice of urology. Leonard F. Fagnano opened his office at 3718 Market Street for the practice of General Surgery.

Harmon Blott died in July, aged 89 years. He was the grand old doctor of Brier Hill for 50 years. Six feet tall with gray hair, ruddy cheeks and an outgoing personality whose word was law, he had a host of friends and patients. He had only to enter the sick room to change the atmosphere to hope and confidence. He enjoyed life; he loved people; he used the materials available in his time. He saved many and harmed none. What more can be said of a good doctor?

TWENTY YEARS AGO — SEPTEMBER 1974

President Schreiber wrote: "What the Medical Society does in public relations is important but what you and I do as individual practitioners is far more vital."

(Continued on Page 161)



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Howard Rempes wrote about Dr. William S. Matthews, founder and fourth President of the Mahoning County Medical Society who was cited for "conspicuous gallantry" in the Civil War for venturing between the lines during the battle of Petersburg under fire to rescue a wounded comrade.

Old S. Q. Laypius classified doctors in Youngstown as 1. Ultra-scientific, or 2. Up-to-date, practical, or 3. Back-Numbers.

There were 204 births and 144 deaths that month. The birth explosion was on and the place was getting a little crowded.

TEN YEARS AGO — SEPTEMBER 1974

It was Canfield Fair time and the Canfield Fair Committee, chaired by Jack Schreiber, again presented the old turn-of-the-century doctor's office, now a permanent exhibit in "Pioneer Village". Other members of the Committee were Drs. F. A. Friedrich, J. I. Gonzalez, C. B. Klodell, Joseph Mersol and F. A. Resch. The Eastern Ohio Pharmaceutical Association joined Health Exhibit with a reproduction of a turn-of-the-century drug store. This consisted of cabinets and shelves full of medicines and instruments and an old ceiling fan. This too, was to become a part of the permanent Health Museum. The Medical Auxiliary also presented an exhibit on "Child Abuse".

Two long-standing members of the medical community passed away. Dr. Enrico Di Iorio died at the age of 84 at his home in Italy. He was a family physician who was dearly loved by his patients and by the entire Italian community.

Dr. John Scarneccia died at the age of 68 of Cancer. He was also very active in community affairs. He was the original Business Manager of the Medical Society "Bulletin".

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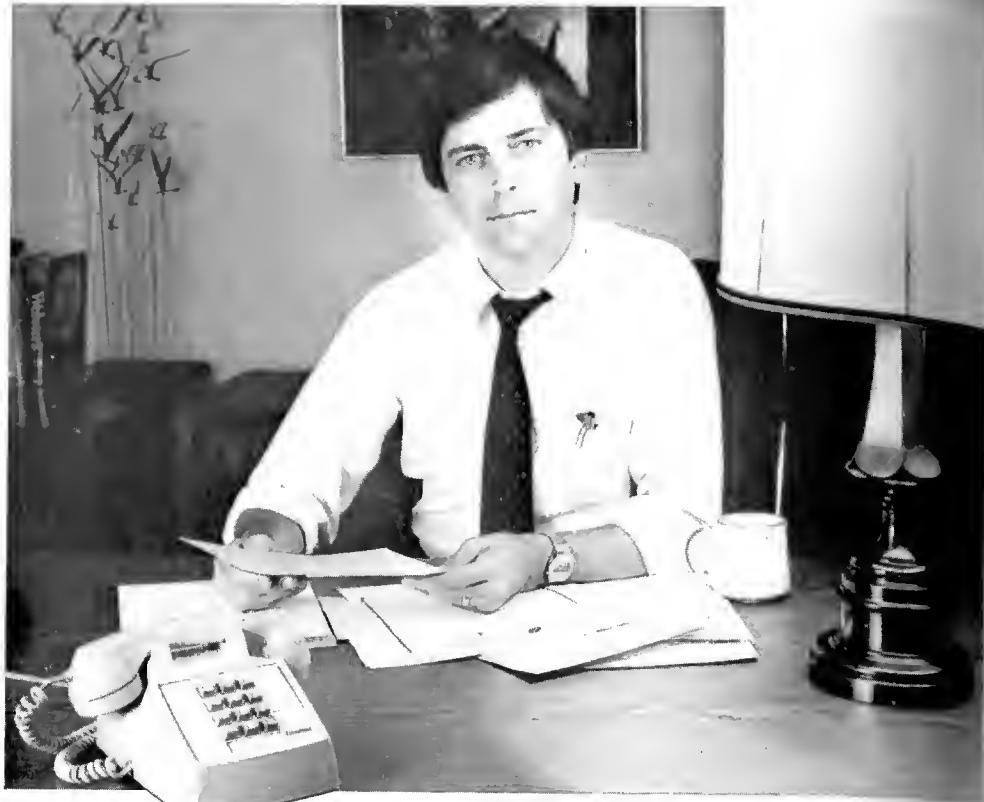
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